

Can We Raise the Level of Happiness?

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As Darrin McMahon has shown in his book Happiness – A history, the pursuit of happiness has been a perpetual goal for humankind and though various means to happiness have been suggested by philosophers and theologians alike, empirical studies of happiness have originated only recently, mainly in the past 10 years. These studies show that people in all parts of the world are generally happy, though there are large individual and cultural differences. According to a popular set point theory, the level of happiness rises and falls with changes in life then returns to each person's genetically determined level. Though happiness remains rather stable in long-term follow-ups, major changes in life – especially losses – do have a lasting effect on the level of happiness. Though there are some scientifically evaluated happiness experiments, these have been quite rare. Both positive actions and attitudes have been suggested as a means to raise happiness. There have been some successes, but until now the follow-ups have been quite short. The final part of this essay presents a model of positive change. Lasting change is possible if change is viewed as meaningful, positive, expected, autonomous, and when pursued with enough effort.

History of Happiness

The concept of happiness has been popular throughout written history. When attempting to visualize the human life of 200 or 2000 years ago, the first assumption that springs to mind is that the preconditions for thinking about happiness were lacking. The conditions of life were often cruel to the common man and most were unable to read or write. Even when more people were equipped with the necessary skills, there was not much to read apart from religious literature, primarily, the Bible. There one could find messages that would remind them of their present condition.

However, there is a well-known philosophical tradition that traces back to antiquity. Its best-known representative is Aristotle who, in his Nichomachean ethics, describes very modern ideas of happiness. He used the concept of “eudaimonia” to describe a

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flourishing, favoured and virtuous life. Both prosperity and virtue bring happiness to a person who can combine these two wisely (McMahon 2006, 45–47).

The concept of virtue-based eudaimonia or “blessedness” has been transformed into an emotional state only very recently. In essence, happiness may at present mean concepts and ideas such as:

- Virtuous life
- Material satisfaction
- Blessedness (by God)
- Contentment
- Hope for something better
- Utopia (varying definitions)
- Pleasure
- Inner peace of mind
- A highly positive emotional state

Though all these concepts share the common idea of unattainability, pleasure and material satisfaction are easier to achieve than virtuous life or peace of mind. Also, it seems easy to hope for something better if we do not need care about the realization of those hopes. However, the prevailing view has been that happiness is difficult to achieve, and can only be reached by chosen ones in the present, or later in the afterlife or in a utopian society of the future. Table 1 lists the different strategies to achieve happiness which have prevailed since Aristotle.

| | |
|----|--|
| 1 | Eudaimonia: virtuous life |
| 2 | Epicureanism: controlled, virtuous pleasure |
| 3 | Stoicism: ascetic, frugal and virtuous life |
| 4 | Ascetic Christianity: looking to heaven |
| 5 | Practical Christianity: God allows glimpses of happiness |
| 6 | Hedonism: personal pleasure |
| 7 | Happiness for the majority: what is good for most people |
| 8 | Philosophical acceptance: happiness is not attainable |
| 9 | Utopian happiness: far-away paradises or utopian communities |
| 10 | Happiness through escapism: gardens and amusement parks |
| 11 | Happy societies: raising political consciousness of people |
| 12 | Eastern happiness: controlling self and needs |

| | |
|----|---|
| 13 | Materialistic happiness: money and buying bring happiness |
| 14 | Self-actualization: finding and developing your true self |
| 15 | Positive thinking: one can think happy thoughts |
| 16 | Happiness by health: taking care of one's body |
| 17 | Positive psychology: return of virtues in a non-moral sense |

Table 1. Different strategies for acquiring happiness that have prevailed since Aristotle.

Historically, the most interesting idea is the firm belief in enhancing or furthering one's attitudes, beliefs and cognitions, namely "positive thinking". One of its founders, Emile Cady, formulated the concept at the beginning of the 19th century, basing it on Christian morality. For him, God was the source of limitless riches, and one could use mental images in order to practise the attainment of hopes and aims. Another popular writer, Frank Haddock (1956), wrote "Power books", one of which *Power of Will: Get the Things You Want*, bears a very modern-sounding title.

Philip Cushman (1995, 127–130) summarizes the basic points of these authors as follows:

1. It denied social and political reality and had the self as a moral centre.
2. It emphasized thinking and de-emphasized external reality.
3. It wanted to release the real self from the shackles of the false self.
4. It promised fulfilled life after following the precepts of the books.

Cushman purports that the above points were superficial, because at the time societal problems were great, and thus upper-class people sought individualistic solutions and did not want to find solutions on a societal level. The effort to change was directed especially towards attitudes and beliefs.

The contrast in values between Europe and the United States was great: Europe's philosophers and psychoanalysts were more pessimistic, and faith in humanity was commonly far weaker than in the United States. In fact, when psychoanalysis finally arrived to the United States it was largely adapted to suit the American state of mind.

During the early 20's, Norman Vincent Peale (1952) became a well-known author and spokesman for positive thinking, proclaiming numerous optimistic slogans: "Believe in yourself!" "Believe in your abilities!" "Expect the best and you will get it!" "Self-esteem leads to success!" "God is a servant of man and provides all that is needed!" "Positive thinking leads to spiritual and material success!"

Concepts of self-actualization and self-realization by Jung (1939), Rogers (1951), Maslow (1968) and many others have also become popular as their common basic idea was very simple: One can become happy by realizing one's potential and effectively doing "what feels best". Some of the followers of such concepts have in fact offered rather selfish directions and advice for students of happiness.

Although it cannot be stated categorically the degree to which these ideas were truly followed to, nevertheless three generalizations can be made:

- The educational level of the general population has increased.
- Human self-consciousness has increased.
- The belief that one can control one's life has increased.

Thus we can expect interest in happiness to have increased and that people want to do something to further their condition. There is an increasing market for methods or strategies of happiness.

Happiness and Human Change: Summary of Results

During the past fifteen years there has been a tremendous increase in research into happiness and related concepts. Within this field the basic concerns are *quality of life*, namely the psychological, social and economic assets of a person; *subjective well-being*, which usually refers to the basic moods or emotional states; *life satisfaction*, which is concerned with the overall cognitive judgment of the goodness of life; and all these related aspects are covered by the term *happiness* (Peterson 2006, 84). Recent handbooks and journals related to happiness and well-being include Snyder & Lopez 2002; Aspinwall & Staudinger 2003; Keyes & Haidt 2003; Abbe, Tkach & Lyubomirsky 2003; Duckworth, Steen and Seligman 2004. The following summary is based on these and related research.

Human Happiness

1. People are generally satisfied with their lives and say they are happy.
2. The degree of adaptability varies greatly when people meet with adversities.
3. There are large individual differences both with happiness and adaptability.
4. Cumulative adversity is a major cause for loss of happiness.
5. All types of pain and suffering, if severe enough, can make life unhappy.

Human Change

6. Marked positive changes in happiness are difficult to obtain.
7. A discernible lack of quality in one's life is a prerequisite for change.

8. Change is most probable when it is expected and hoped for.
9. Some components of quality of life change fairly easily, some are quite resistant.
10. Sufficient effort must be put into making of changes.

Beliefs of Subjective Control and its Effects

Do people believe they have a say in their happiness? The results of my latest happiness research, as yet unpublished, are presented in Figures 1 and 2. A descriptive visual analogue scale from 0 to 100 was used (for a full description, see Kauko-Valli 2008). The distribution of responses is quite symmetric, although the majority believe they can have an effect on their happiness (Fig. 1). The differences in personal happiness were statistically significant ($p < .0001$) between the five alternatives for both women and men (Fig. 2). Those who believe they have control over their emotional condition are happier than those who do not believe they do.

International studies (Thompson 2002) further show that belief in being in control is good for general subjective well-being (SWB), though only to a point, as too much faith in one's control may result in disappointment.

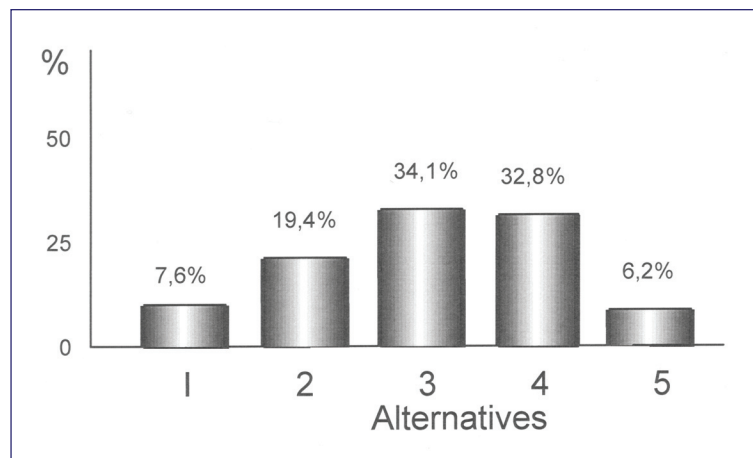


Figure 1. To what degree is happiness in your own hands? N=827.

Alternatives:

- 1= It depends on other people and conditions
- 2= To some degree it depends on me
- 3= It depends quite a lot on me
- 4= It depends very much on me
- 5= It depends completely on me

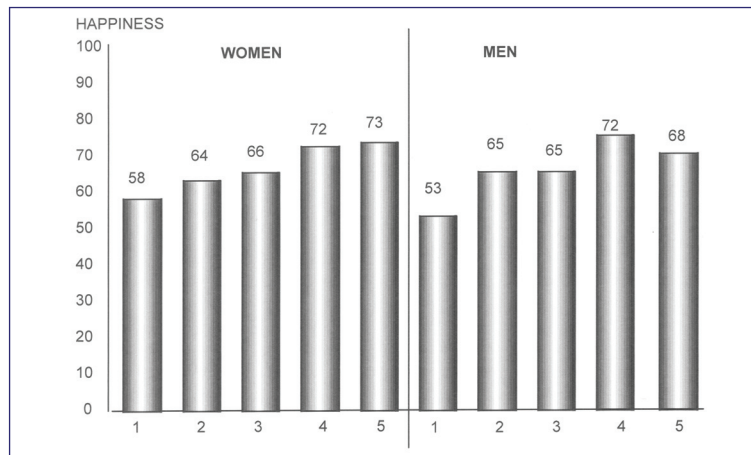


Figure 2. Belief in personal effort and happiness by women and men. The means on a 0–100 happiness scale according to the question “To what degree happiness is in your own hands?” The numbers on the bars are the means of each group giving one of the five alternatives.

Alternatives:

- 1= It depends on other people and conditions
- 2= To some degree it depends on me
- 3= It depends quite a lot on me
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Spontaneous Means of Happiness

What can we do in order to be happy? What methods do we use to become happier, or to improve our mood? My survey of 1200 persons produced considerable variation with answers, of which the most common responses were positive relationships with loved ones, different types of success, hobbies, pets, travelling, nature and small everyday matters.

Thayer, Newman and McClain (1994) asked 308 individuals (aged from 16 to 89) about their ability to better their negative mood. Many strategies were used, but the most common ones were related to talking to someone, controlling one's thoughts, listening to music, resting, exercising and doing something pleasurable. Some wanted to get over their bad mood by watching television or eating. The most prevalent strategies were thus about doing something actively or trying to forget or sidetrack the bad mood.

Researchers asked which methods were the best for controlling one's mood. The best ones were exercise, music, social interaction and controlling one's thoughts. The weakest ones were being alone, eating and watching TV.

There are a great number of experimental studies which support the subjective experiences given above. Many proven methods improve mood from 20 minutes to two hours (Niven 2000; Seligman 2002; Haidt 2006). The best strategies utilize various positive experiences, like getting praise, recalling positive things, fulfilling one's basic needs or receiving a small present. Joyful music, humour and watching happy people or witnessing virtuous deeds can raise one's mood, too. The ability to help or show one's gratitude is also perceived as positive.

Permanent or Relatively Long-Lasting Effects?

Benjamin Franklin formulated a virtue-based system which aims to enhance life, devising a calendar of good manners. Its role was to improve the moral quality of life (Franklin 1962 [1909]; Friedman & Schustack 2003, 216–217). Franklin aimed for virtues like order, industry and humility and mapped out concrete deeds for each. He maintained a weekly schedule (Table 2). If he failed to fulfil a particular virtue, he would mark this down. At first, he would aim for one virtue in order to be moderate, developing a hierarchy of virtues so that he could concentrate on those that had an effect on others. Franklin completed this behavioural method by writing down excerpts from the Bible and philosophers. He too recognized the importance of cognitive factors. The fewer black dots, the better Franklin felt. Franklin was known to be a happy man.

| | Sun. | Mon. | Tue. | Wed. | Thu. | Fri. | Sat. |
|--------------|------|------|------|------|------|------|------|
| Temperance | | | | | | | |
| Silence | | | | | | | |
| Order | | | | | | | |
| Resolution | | | | | | | |
| Frugality | | | | | | | |
| Industry | | | | | | | |
| Sincerity | | | | | | | |
| Justice | | | | | | | |
| Moderation | | | | | | | |
| Cleanliness | | | | | | | |
| Tranquillity | | | | | | | |
| Chastity | | | | | | | |
| Humility | | | | | | | |

Table 2. Benjamin Franklin's Habit Chart.

Hanna and Ritchie (1995) studied individuals who had experienced significant positive changes in their lives. They asked 20 people their perceptions of the most important factors in this change. Their mean responses to these factors were as follows:

| | |
|----------------------------------|------|
| 1. Insight | 4. 3 |
| 2. New perspective | 4. 1 |
| 3. Confronting the problem | 4. 0 |
| 4. Becoming aware of the problem | 3. 7 |
| 5. Sense of necessity | 3. 6 |
| 6. Effort or will | 3. 6 |
| 7. Willing for anxiety | 3. 6 |
| 8. Decision to change | 3. 5 |
| 9. Warmth/support | 3. 4 |
| 10. Contextual feelings | 3. 4 |

(Scale: 1=not at all; 2= somewhat; 3=markedly; 4=necessary; 5= sufficient)

Thus, all of the presented factors had at least some effect, but the most important ones were insight, new perspective and acknowledging the problem.

Quantum Change

Miller and C'deBaca (1994) conducted a newspaper-based search for persons who had experienced sudden changes in their values, emotions, attitudes and behaviours, and were able to find 55 people who had such experience. This experience was given the name "quantum change", most of the respondents being able to pinpoint the day of change. The majority of these felt as if a huge burden had been lifted, and they felt that they were loved and at peace. 80 percent believed the change was permanent. For the majority, the experience was strongly spiritual or religious.

The participants were asked how they felt a) before, b) currently and c) after the life-changing experience. Figure 3 shows their 1–7 point ratings on happiness and life satisfaction, which I have converted to percentages. On this scale 50 is the mid-way or neutral point (originally 4). Interestingly their current level ("now") corresponds with the norms of American and Finnish population, but their starting point ("before") was extremely low. Even persons having marked life difficulties have higher values in life satisfaction than those given in the "before" column of figure 3 (Shmotkin 2005).

Some scepticism is thus justified concerning quantum change. These individuals have clearly experienced a marked change, but they probably see

their situation before change as a kind of “bottomless pit”. However, the most noticeable feature of the research is that their present condition (“now”) is just like that of the average person.

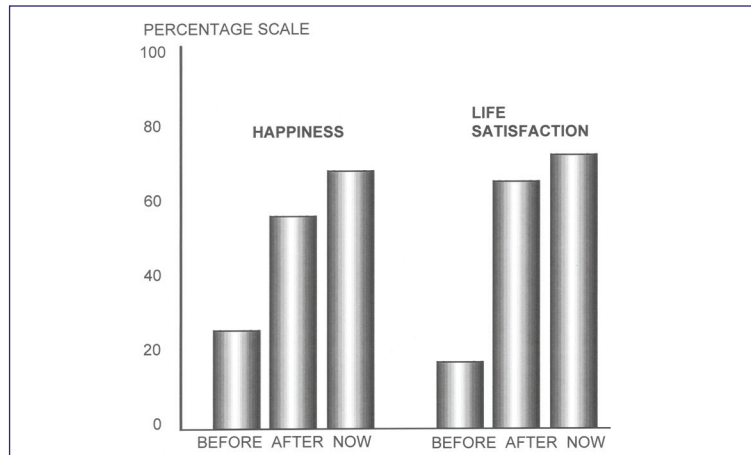


Figure 3. Quantum change in happiness and life satisfaction as experienced by 55 persons having a significant change in their lives.

Psychotherapeutic Follow-ups

There are not too many follow-ups to happiness programmes, though there are a large number of psychotherapeutic studies. Physical exercise, too, has also been a common subject of study. There are many studies which show that negative emotions, like depression and anxiety, can be markedly eased (Larsen 2000; Thayer 2001; Wampold 2001). Though there are researchers that regard negative and positive emotions as independent to a degree, it is self-evident that measures of SWB (subjective well-being) or happiness also increase when symptoms abate.

We have conducted a two-year follow-up of short-term psychotherapy at Tampere, in which SWB measures were also included. Although changes in symptoms were much larger than changes in SWB, measures of SWB showed significant changes in the follow-up. Life satisfaction, for instance, increased from 56 to 73 on a percentage scale from 0 to 100, the level of 73 being the same as the general Finnish population. Thus, the results of psychotherapy were successful.

Even with numerous studies we are not aware of what causes the effectiveness of psychotherapy (Lambert & Bergin 1994; Grawe, Donati & Bernauer 1995; Wampold 2001). Researchers disagree in their interpretations, some favouring common, some specific factors. For some, the major factor might be hope, or positive expectations or a good therapeutic relationship. For others, positive change is based on a specific mechanism which is related to a particular psychotherapeutic approach.

Obviously, the targets of change are conceptually different, and symptoms can vary greatly. Fears are a good example. At the start of the study a subject may fear all animals smaller than mice while others fear none. Absolute changes in courage can be great in this variable if fears are completely lost. Drastic changes are also exhibited with heavy drug or alcohol users who are completely able to shake off their dependence. Likewise, some skills can improve practically from zero to high levels. In these cases (i. e. skills) the areas of change are very narrow.

The variables of quality of life, SWB or happiness are very different. Even in groups that had marked problems, the level of happiness is usually around 50% of the maximum value, sometimes even higher. Raising the level to 70% is an excellent result. Often, the groups participating in happiness programmes already have quite a high level of SWB or happiness, and thus little change can be expected. Of course, the famous Hawthorne effect often shows up strongly after programme results, as shown with the effects of “alternative treatment”. Svennevig’s (2003) research showed that persons participating in such treatment had a positive mood after treatment, though this largely evaporated in a few days. However, this did not apply to SWB, where alternative treatments had a positive effect for at least six months.

Raising Happiness

The various methods offered here for improving SWB or happiness are based on very different principles. Some are very comprehensive and are aimed at using everything that seems to work, some apply specific behavioural (exercise) or cognitive methods (positive thinking).

Michael Fordyce has described two studies on happiness from 1977. The first included three different two-week happiness courses for students. The first group was lectured on the basic principles of happiness. These students had to read a book about happiness and create a list of things that really mattered to them. They were supposed to try out those things in their own life. The “fundamentals group” had a specific list of factors of happiness they should adopt in their own life. They were given practical examples of these items and were supposed to follow at least three of them. The third group provided examples of activities that will bring them satisfaction and enjoyment. They had to list 10 or more activities that they regarded as pleasurable, and they were asked to increase at least three of them. The control group did not undergo a happiness programme, but positive expectations were created by the course material. The results were statistically significant at .05 level (Figure 4). The differences between the three programmes were not great, and have been transformed into a percentage scale in Figure 4.

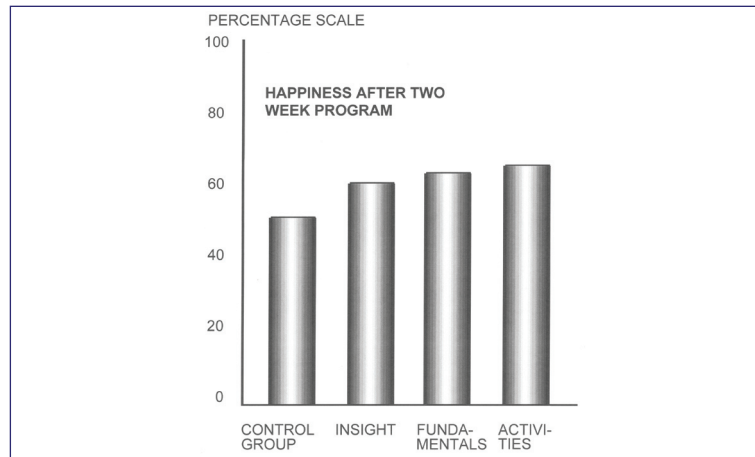


Figure 4. The results of the Fordyce (1977, p. 515) happiness program.

Secondly, Fordyce (1977) designed a new study which included 14 happiness fundamentals:

1. Spend more time socializing.
2. Strengthen your closest relationships.
3. Develop an outgoing, social personality.
4. Be a better friend.
5. Work on a healthy personality.
6. Lower expectations and aspirations.
7. Develop positive, optimistic thinking.
8. Value happiness.
9. Become more active.
10. Become involved with meaningful work.
11. Get better organized and plan things out.
12. Develop your "present orientation".
13. Reduce negative feelings.
14. Stop worrying.

Detailed instructions were derived from each fundamental. The experimental group (n=39) was required to select one of the 14 fundamentals for each day for the duration of the six week programme. First they should try all of them in order, but they were allowed later to concentrate on the less typical fundamentals. The results were even more positive than the first study.

These were innovative and promising studies. The basic principles are quite sensible and are still relevant today. Some of the fundamentals may not be as good, but most are still included in present lists. Of course, follow-up data is lacking.

The second report by Fordyce (1983) showed that even a third of the programme was enough for positive change, and the full programme was not necessary. Not

every fundamental fits everybody and some of the fundamentals are redundant. A follow-up questionnaire was conducted after 9–18 months which showed to what extent the students had liked the programme. The majority believed it had affected their lives positively, about two-thirds of the group reporting that it had helped them, and estimating that they had gained 12 points on a 100-point percentage scale. This follow-up is not, of course, objective enough to say something about true changes.

There are quite a number of studies on the effects of physical exercise (see e. g. Craft & Landers 1998; Lawlor & Hopker 2001). In these studies the subjects have included both people having well-being deficits and those with normal levels of well-being. The aim of physical exercise is to increase the physical skills and the condition of the exerciser, and the effects of exercise on psychological well-being are also expected to be observable. Exercise has both short-term and long-term positive effects on well-being when the target of the exercise programmes has been clinical depression where the well-being deficit is a marked one. The results have been quite good even in long-term follow-ups. As might be expected, the psychological effects of exercise on normal groups have been meager. Their situation in the beginning of the study is too good for changes to appear. In the cases of subjects with non-severe problems, such as those suffering from stress at work, meditation is often recommended, and the results have been positive in controlled studies (Shapiro, Schwartz and Santerre 2002).

Interventions of Positive Psychology

Researchers using positive psychology as their approach have sought interventions that support the use of virtues or develop the strengths of the person. Gratitude is a significant virtue, and it has been argued that it is one the most important preconditions of happiness (Watkins 2004). Peterson and Seligman (2004, 554) define gratitude as follows: “Gratitude is a sense of thankfulness and joy in response to receiving a gift, whether the gift be a tangible benefit from a specific other or a moment of peaceful bliss evoked by natural beauty.” Watkins cites Chesterton, who states that “gratitude produced the most purely joyful moments that have been known to man.” (p. 172).

Emmons and McCullough (2003) randomly allocated three groups of students to recount (group 1) five things they were grateful for during the past week, (group 2) five difficulties during the day and (group 3) five events that affected them during the past week. Participants repeated these directions once a week for the duration of 10 weeks. Of these groups, those who had the gratitude task felt better about their lives, were more optimistic and had less health complaints than the other groups. Similar results were obtained with an adult group which had neuromuscular diseases.

Training forgiveness is new type of psychological intervention (Harris & Thoresen 2006). The lateness of its introduction is unfortunate, because forgiveness has been preached for 2000 years in major religious traditions. Worthington, Sandage and Berry (2000) list 13 forgiveness interventions and summarize their results. Especially those interventions that last over six hours have produced positive results in the victims of crimes, assaults or discrimination.

A further happiness intervention, conducted by Lyubomirsky, Sheldon & Schkade (2005), was “Count your blessings”. Participants counted their blessings (reasons for gratitude, gifts, successes) once or three times a week for six weeks, the first intervention group proving to be happier than the control group. However, three blessings per week was considered too much as it did not raise the degree of happiness. Lyubomirsky, Sheldon & Schkade also studied the effect of acts of kindness. Five acts of kindness done during the same day increased happiness compared to the control group.

Martin Seligman’s research group (see Duckworth, Steen and Seligman 2005) studied five interventions of positive psychology. This study had five follow-ups during the following six months, the interventions being:

1. Write three good things daily
2. Gratitude visit
3. Recognize your character strengths
4. Use your character strengths
5. Describe yourself at your best
6. Write down earlier memories (control group)

In all groups happiness increased during post-testing, even in the control group. The visit group feelings of happiness remained high until the one-month follow-up, but eventually came down to the level of the control group. The first and fourth method had the opposite trend; here the groups gained an increased sense of happiness that stayed high for six months. The best results were obtained from those who continued to write good things and continued to use their strengths after the required week.

A Model for Positive Change

To explain the positive SWB or happiness responses of various interventions I propose a model which includes the following factors:

(1) Those who are able to gain from a particular method or programme must have a clear deficiency in their subjective well-being. Those who are already happy

do not gain permanent changes. Their mood may at first improve – but only very little, or not at all.

(2) The programme must be culturally meaningful and acceptable in order for participants to have positive expectations. Sometimes a person may believe in something that is not rational in the eyes of others, but usually people reinforce each others' beliefs and expectations. Such cultural acceptance increases the effectiveness of any psychological or social psychological method.

(3) For many researchers, a major factor concerning changes is positive expectations. An interesting question would be the case where a programme is said to be completely useless. Could it still have an effect? Results in psychotherapy have demonstrated that those who oppose the change effort and do not expect anything from it are poor candidates for change.

(4) Forced treatment or programmes probably lower rather than improve the participant's mood. Autonomy or personal control is thus a very important factor. "I am doing this because I want to do it, and I'm doing it just for myself." Of course, one must often relinquish one's control when in treatment, but the final say is the participant's.

(5) The next condition is the amount of work or effort one bestows on the programme. If little effort is given, expectations will be low. Generally, the more one does the better the results that can be expected. There is a personal limit, of course, because overtraining and -working is possible. Some types of treatment require concentration, some time, some energy, but in all instances, one must be prepared to participate and contribute.

(6) The treatment sessions must be pleasurable or at the very least neutrally balanced. If the sessions are experienced as exhaustive or anxiety-provoking, they will not be repeated. Of course, the first few sessions can be difficult for the beginner, but this is usually acceptable. If the negative feelings do not wane, the treatment should probably be terminated.

(7) Finally, the programme must be meaningful. One must be provided with a good explanation concerning its usefulness. If it is against one's values, it will not work.

I conclude that the model given above is very general. Its major feature is that it emphasizes cultural factors. Both cultural and personal expectations are very important for any healing process.

The basic needs described by Irwin Staub (2003; 2004, 54–57) give some theoretical support for the above model. Staub's six needs are self-regard, autonomy,

mastery, safety, relationships and understanding the world. If a healing-oriented happiness programme is to function effectively, it should fulfil these needs.

As a final precaution we have to remember that complex healing variables can only be explained to some degree. We can never explain them in a way that will be fully satisfactory. Explanations that are broad (much alike the present one) may not be useful in specific situations. Similarly, explanations that are very specific may be too narrow to be helpful in complex everyday situations.

The Principles of Healing

To summarize the above results, the following principles can be generally said about healing. Increasing happiness can be understood as the result of a healing effort. A deficiency in happiness needs a healing effort. The following principles can be applied to all types of therapeutic or healing programmes (Table 3).

| | |
|----|---|
| 1 | The spectrum of healing is very wide, almost limitless. |
| 2 | Healing is a complex phenomenon; usually many healing factors are at work at the same time. |
| 3 | Activities that are opposites can both heal (e. g. rest-exercise). |
| 4 | There is an optimum amount of healing activity. Experiencing too little or too much can diminish the healing effect. |
| 5 | The healing experience is a subjective and unique experience. Thus, for example, though humour often heals, it can also hurt. |
| 6 | A healing activity can usually be repeated, but there are exceptions. |
| 7 | An activity that is not meaningful does not heal. |
| 8 | Cultural support increases the effect of the healing activity. |
| 9 | Long-term effects are based on the cultivation of strengths. |
| 10 | Usually developing long-term effects requires great effort (time and/or emotional work). |

Table 3. The principles of healing.

To summarize, the different healing methods can be described by four phrases or metaphors.

1. Forget (lose) yourself
2. Fulfil (feed) yourself
3. Find (unmask) yourself
4. Submit (trust) yourself

You can *forget* about your problems by either participating in activities, by joining groups or enjoying art or entertainment. This model expects that talking, thinking and probing one's problems does not help at all, but actually makes things worse. Perhaps the time used in these activities will also heal. Laughing, smiling, sharing the emotions of others is antagonistic to the present mood. It is an indirect way of healing.

Fulfilling yourself is somewhat like forgetting, but now the emphasis is on getting full. The fuller you are of meaningful work, helping, art the better. The concept of flow fits here (Csikszentmihalyi, 1992). There is no time or room for thinking of one's deficiencies because the present task is so demanding and interesting. One may achieve something that can have a positive effect on one's ego. That feeling is, again, antagonistic to bad feeling. This is also an indirect way of healing.

With the principle of *finding* oneself it can be proposed that the better one knows oneself, the better one is able to manage and control oneself and one's needs. If a psychological weakness is uncovered, it can be managed. Finding oneself may also mean that one views oneself against religious or philosophic principles. This knowledge helps one to understand one's position in the world. This is a direct way of healing, because it attacks the core of the problem: the self.

By *submitting* yourself one will gain a helpful alliance. One can get sympathy, advice or authority from those who know and control things. The healing mechanism may be either an emotional release or learning new, better ways of managing one's life. It is a direct way of healing, too.

Conclusion

An effort to raise human happiness can lead both to optimism and pessimism. On the positive side, three factors can be listed: Firstly, people are generally more happy than not; secondly, they do possess effective means to get rid of their bad moods in the tasks of everyday life. Thirdly, the therapeutic methods for raising very low moods (especially depression) have been relatively successful, and medication, psychotherapy and exercise do seem to work.

On the negative side, then, three things can be noticed: Firstly, one's personal level of happiness is quite stable and resists efforts to change. Secondly, no one is in control of all potential changes in life, changes that may have serious negative effects on happiness. Thirdly, there always remains the danger of happiness being pursued with ways that cause more unhappiness than happiness. Money and fame are perhaps the most dangerous goals.

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